

3RD INTERNATIONAL RED SEA EMERGENCY MEDICINE CONFERENCE

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Red Sea Emergency Medicine

سنتشري الملك فيصل التخصصي ومركز الأبحاث
King Faisal Specialist Hospital & Research Centre

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Pain Management in the Elderly

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EMERGENCY MEDICINE
MCM
MD
SCHOOL OF MEDICINE

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Objective

- Discuss Importance of Pain Management for Geriatric Patients
- Review recommendations for older adults
- Consider other interventions for pain management in the Emergency Department



HANDLE WITH CARE

CAUTION

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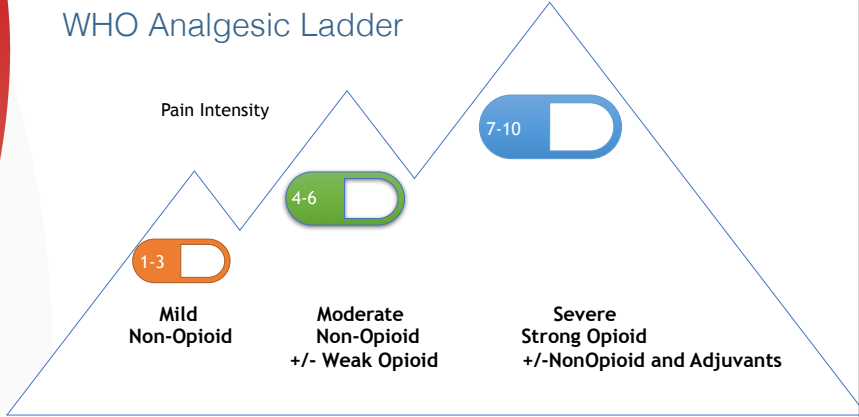


Pain is associated with impaired function:

- falls
- diminished appetite
- dysmobility
- sleep disruption
- depression
- anxiety
- agitation / delirium

WHO Analgesic Ladder

Pain Intensity



1-3 Mild Non-Opoid

4-6 Moderate Non-Opoid +/- Weak Opoid

7-10 Severe Strong Opoid +/- NonOpoid and Adjuvants

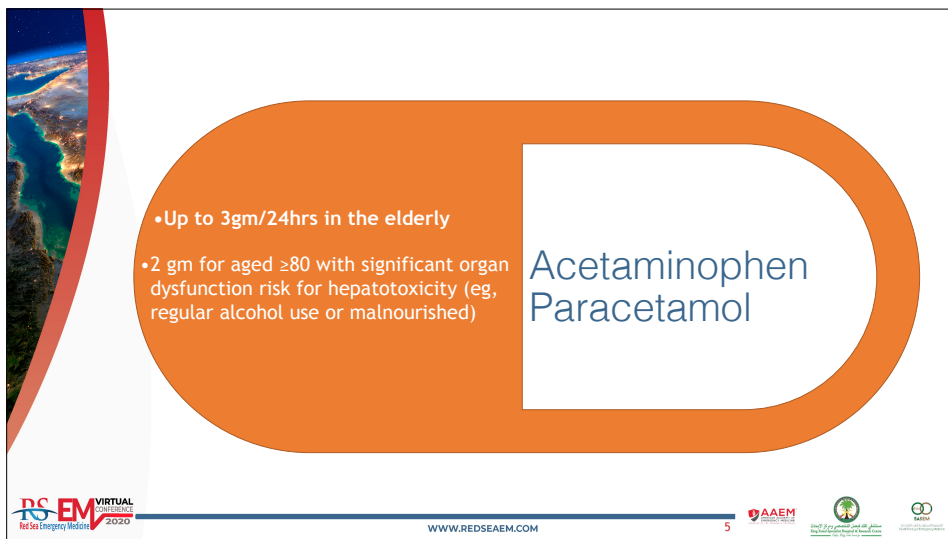
Prioritize improving function more than reducing pain

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Up to 3gm/24hrs in the elderly

2 gm for aged ≥ 80 with significant organ dysfunction risk for hepatotoxicity (eg, regular alcohol use or malnourished)

Acetaminophen Paracetamol

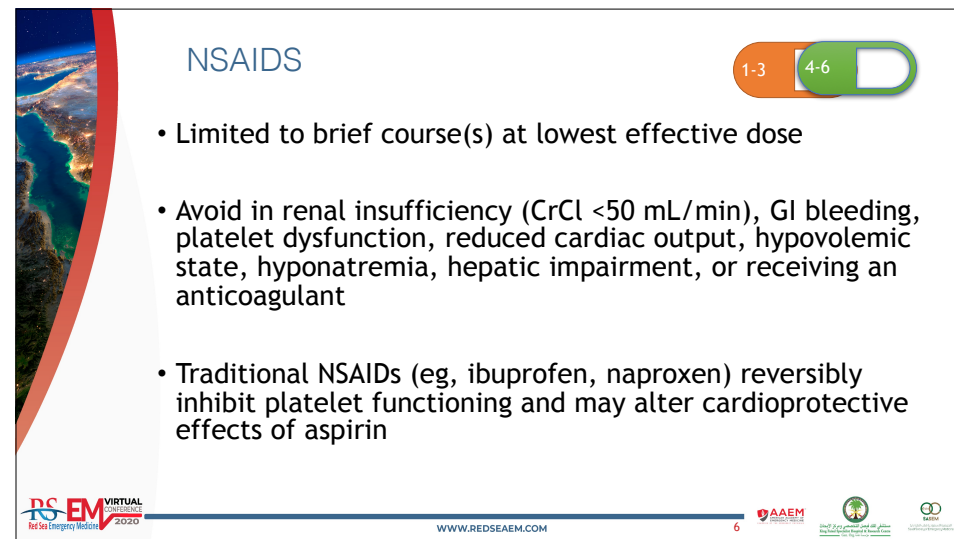
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NSAIDS

1-3 4-6

- Limited to brief course(s) at lowest effective dose
- Avoid in renal insufficiency ($\text{CrCl} < 50 \text{ mL/min}$), GI bleeding, platelet dysfunction, reduced cardiac output, hypovolemic state, hyponatremia, hepatic impairment, or receiving an anticoagulant
- Traditional NSAIDs (eg, ibuprofen, naproxen) reversibly inhibit platelet functioning and may alter cardioprotective effects of aspirin

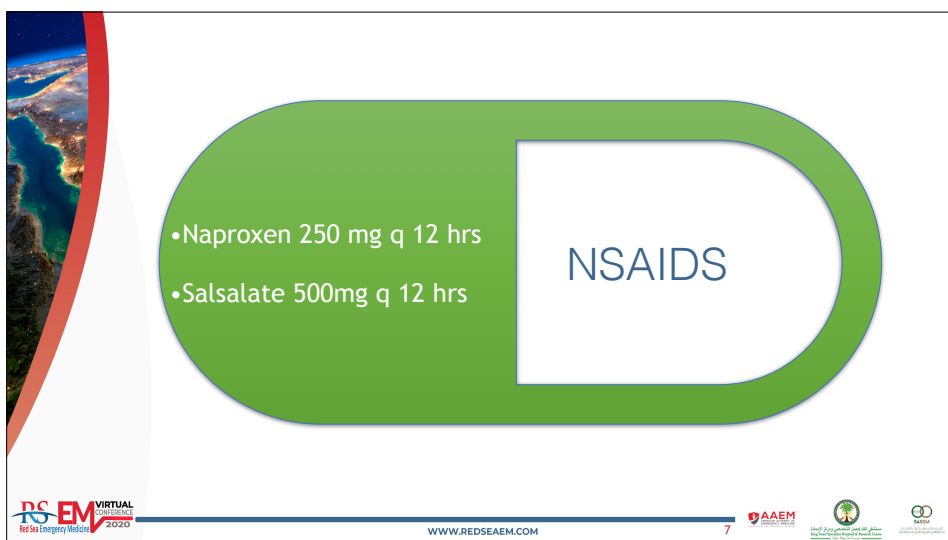
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- Naproxen 250 mg q 12 hrs
- Salsalate 500mg q 12 hrs

NSAIDS

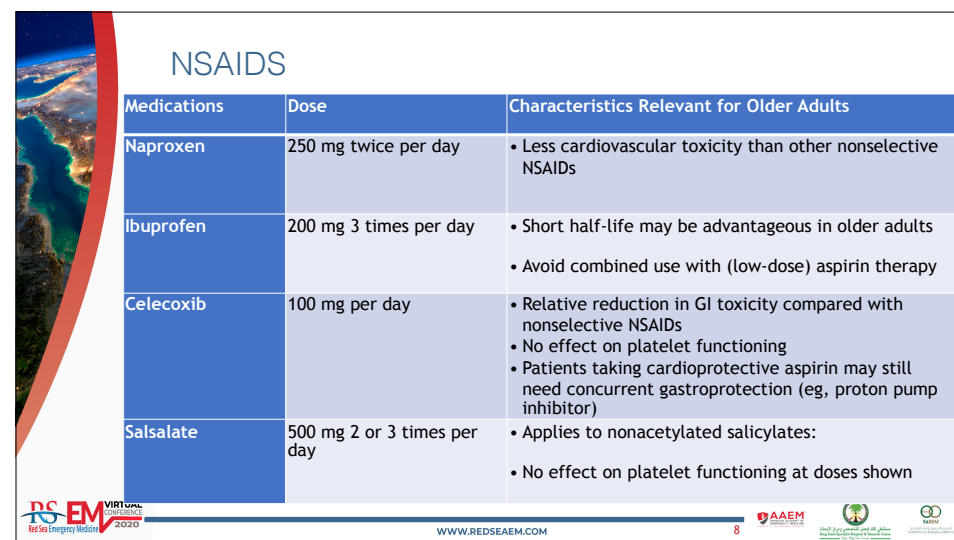
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NSAIDS

Medications	Dose	Characteristics Relevant for Older Adults
Naproxen	250 mg twice per day	Less cardiovascular toxicity than other nonselective NSAIDs
Ibuprofen	200 mg 3 times per day	- Short half-life may be advantageous in older adults - Avoid combined use with (low-dose) aspirin therapy
Celecoxib	100 mg per day	- Relative reduction in GI toxicity compared with nonselective NSAIDs - No effect on platelet functioning - Patients taking cardioprotective aspirin may still need concurrent gastroprotection (eg, proton pump inhibitor)
Salsalate	500 mg 2 or 3 times per day	- Applies to nonacetylated salicylates: - No effect on platelet functioning at doses shown

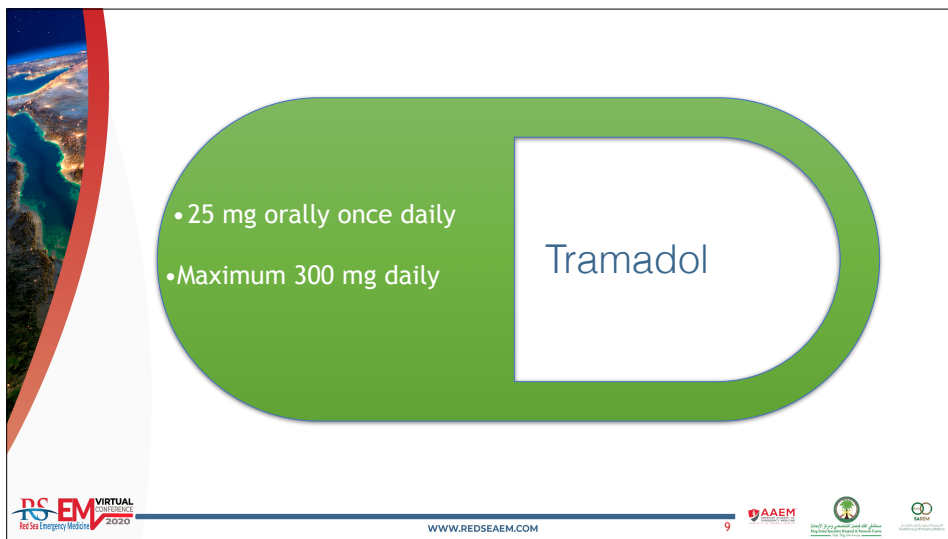
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• 25 mg orally once daily

• Maximum 300 mg daily

Tramadol

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4-6

Medications	Dose	Characteristics Relevant for Older Adults
Tramadol	Start with 25 mg orally once daily May increase daily dose by 25 to 50 mg after 3 to 7 days Age ≤75: Max 400 mg daily Age >75: 300 mg daily Renal impairment (CrCl <30 mL/min): Maximum 200 mg daily	- Partial mu-opioid agonist with norepinephrine/serotonin reuptake - Less likely to cause physical dependence - Approximately one-tenth as potent as morphine - May cause nausea and dizziness; slowly titrate to improve tolerability in older adults - Can interact with serotonergic medications (eg, antidepressants and ondansetron) - Avoid use in older adults at risk for seizures

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Severe Pain

7-10

Medication	Dose	Characteristics Relevant for Older Adults
Oxycodone	Start with 2.5 to 5 mg orally every 4 hours as needed	- Metabolized by CYP2D6 (polymorphic) and CYP3A4 to active metabolites - Blood levels increased by approximately 50% in older adults with renal insufficiency (CrCl <60 mL/min); reduce dose and titrate gradually
Morphine	2.5 to 10 mg orally every 4 hours as needed	In patients with renal impairment, clearance of active and potentially neurotoxic metabolites is decreased
Hydromorphone	0.1mg/kg IV Start with 1 to 2 mg orally 0.2-0.5 mg IV	Metabolism to apparently inactive metabolites is an advantage over morphine in older adults with renal or hepatic insufficiency

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Opiates

- Oxycodone 2.5 to 5 mg orally
- Hydromorphone 0.2-0.5 mg IV
- Fentanyl

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Adjuvants



Topical NSAIDs
Topical lidocaine

SNRI's
Anticonvulsants

* check interactions



Regional Anesthesia/Nerve blocks:
fractures, joint dislocations,
laceration repair, dental pain

Reconsider

- Cannabis and cannabinoids are increasingly available, but their efficacy and safety profile in older adults is uncertain.
- In the general population, limited evidence suggests that cannabis may alleviate neuropathic pain but is associated with an increased risk for motor vehicle accidents, psychotic symptoms, and cognitive impairment
- Muscle relaxants such as baclofen, cyclobenzaprine, should be avoided

Safe Discharge

Discharge Instructions:

1. Check for drug-to-drug interactions
2. Give written instructions
3. Prescribe medicine for 3-5 days only
4. Coordinate follow-up

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Thanks!

